Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	19d	5g.	Date Unit Last Passed Inspection	7	8
4	n/a	5h.	Date Unit Last Inspected	15	8
5	20a	12a.	Number of Bedrooms on Voucher	23	1
6	20b	12b.	Family Moving into Unit Indicator	24	1
7	n/a	12c.	Does the Family qualify as Hard to House?	25	1
8	20c	12d.	Portability Indicator	26	1
9	20d	12e.	Cost Billed per Month	27	5
10	20e	12f.	HA Number Billed	32	8
11	20f	12g(a).	SRO Indicator	40	1
12	20f	12g(b).	IGR Indicator	41	1
13	19b	12h.	Owner Name	42	35
14	19c	12i.	Owner TIN/SSN	77	9
15	22a	12j.	Voucher Payment Standard	86	4
16	22c	12m.	Maximum Subsidy	90	5
17	22f	12n.	Utility Allowance	95	3
18	22g	12p.	Rent to Owner	98	5
19	22h	12q.	Gross Rent of Unit	103	5
20	22i	12r.	Gross Rent Less Maximum Subsidy	108	5
21	n/a	12s.	Reserved	113	3
22	22k	12t.	Total Family Contribution	116	5
23	22l	12u.	Gross Rent Less Contribution	121	5
24	22m	12v.	Total Voucher Subsidy	126	5
25	22n	12w.	HAP to Owner (Rent Calculation)	131	5
26	22o	12x.	Family Rent to Owner	136	5
27	22p	12y.	Utility Reimbursement to Family	141	5
28	n/a	12aa.	Reserved	146	5
29	n/a	12ab.	Normal Total HAP	151	5
30	n/a	12ac.	Total Number Eligible	156	2
31	n/a	12ad.	Total Number in Family	158	2
32	n/a	12ae.	Proration Percentage	160	2
33	n/a	12af.	Prorated Total HAP	162	5
34	n/a	12ag.	Mixed Family Total Family Contribution	167	5
35	n/a	12ai.	Mixed Family Tenant Rent Indicator	172	1
36	n/a	12ai.	Mixed Family Tenant Rent	173	5
37	n/a	12aj.	Manufactured Homeowner Indicator	178	5
38	n/a	12ak.	Prorated HAP to Owner	183	5

NAME:	**Type of Action**
DESCRIPTION:	Indicates the reason for submitting a 50058 record for the family
TYPE:	Numeric
SIZE:	1
COMMENTS:	none
EDITS:	Fatal: • Cannot be blank
	Fatal: • Must be valued '1', '2', '3', '4', '5', '6', '7', or '8'
FIELD NUMBER:	11
POSITION:	33
LINE REFERENCE NO:	2a.

NAME:	**Effective Date of Action**
DESCRIPTION:	This is the effective date of the action occurring in line 2a.
TYPE:	Date
SIZE:	8
COMMENTS:	Must be in MMDDCCYY format
EDITS:	Fatal: • Cannot be blank
	Fatal: • Cannot be earlier than the Date of Admission to Program, if provided
	Fatal: • Cannot be earlier than the effective date of action previously submitted for this family
	Fatal: • Must be in MMDDCCYY format
	Fatal: • If 1d equals 'CE' and 2a equals 1, 4, or 7, date must be earlier than 10/01/1999
	Warning: • Cannot be later than 90 days from Date Last Modified
	Warning: • Cannot be older than 18 months (MTCS will purge Form before processing)
FIELD NUMBER:	12
POSITION:	34-41
LINE REFERENCE NO:	2b.

NAME:	**Family Subsidy Status Under Noncitizen Rule**
DESCRIPTION:	Codes to determine the subsidy status of a family based on the noncitizen rule
TYPE:	Alpha
SIZE:	1
COMMENTS:	None

EDITS:

Fatal:
- Must be valued 'C', 'E', 'F', 'P', 'T', or 'N'

Warning:
- Can no longer equal 'N' beginning October 1, 1999

Fatal:
- Cannot be 'E' if any family member (3h equal to 'H', 'S', 'Y', 'E', 'K', or 'A') is an ineligible noncitizen (3i equals 'IN') or pending verification (3i equals 'PV')

Fatal:
- Must be 'P', 'C' or 'T' if any family member (3h equal to 'H', 'S', 'Y', 'E', 'K', or 'A') is an ineligible noncitizen (3i equals 'IN')

Warning:
- May be blank if 2a is '5', '6', or '8'

Fatal:
- If 3s = 'P', at least one family member must have a member citizen code (3i) of 'EN' ,'EC' or 'PV"

Fatal:
- Must equal 'T' if all members of the family are ineligible noncitizens (3i equals 'IN' for all family members)

Fatal:
- Cannot be 'P' of all family members are eligible citizens (3i equals 'EC' for all family members) or eligible noncitizens (3i equals 'EN' for all family members) or pending verification (3i equals 'PV' for all family members)

FIELD NUMBER:	20
POSITION:	80
LINE REFERENCE NO:	3s.

NAME:	**Effective Date of Family Subsidy Status**
DESCRIPTION:	Original date family qualified for continuation of assistance, or date temporary deferral of termination was granted
TYPE:	Date
SIZE:	8
COMMENTS:	MMDDCCYY format

EDITS:

Fatal:
- Cannot be blank if 3s is 'C' or 'T'

Fatal:
- If valued, must be in MMDDCCYY format

Warning:
- May be blank if 2a is '5', '6', or '8'

FIELD NUMBER:	21
POSITION:	81-88
LINE REFERENCE NO:	3t.

NAME:		**Very Low Income Limit Indicator**
DESCRIPTION:		Indicates whether or not the family qualified for program admission even though their income exceeded the very low income limit
TYPE:		Alpha
SIZE:		1
COMMENTS:		Use 'Y' or 'N'
EDITS:	Fatal:	• If valued, must be 'Y' or 'N'
	Fatal:	• Must be valued if 1d equals 'CE', 'VO', 'MR', or 'MC' unless 2a equals '5', '6', or '8'
FIELD NUMBER:		27
POSITION:		116
LINE REFERENCE NO:		4d.

NAME:		**Unit Address (Number and Street)**
DESCRIPTION:		Address of the unit
TYPE:		Alphanumeric
SIZE:		40
COMMENTS:		Unit number and street; Do not use Post Office Boxes
EDITS:	Fatal:	• Cannot be blank unless 2a equals '5', '6', or '8'
FIELD NUMBER:		28
POSITION:		117-156
LINE REFERENCE NO:		5a.

NAME:	**Unit Apartment Number**
DESCRIPTION:	Apartment number of the unit
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	None
EDITS:	None
FIELD NUMBER:	29
POSITION:	157-166
LINE REFERENCE NO:	5a.

NAME:	**Member Relation Code**
DESCRIPTION:	Describes the member's category in the household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'H' for Head, 'S' for spouse, 'K' for co-head, 'F' for foster child/foster adult, 'Y' for other youth under 18, 'E' for full-time student 18+, 'L' for live-in aid, and 'A' for other adult

EDITS:	Fatal:	• Cannot be blank
	Fatal:	• Must be valued 'H', 'S', 'F', 'Y', 'E', 'L', 'K' or 'A' ('S' and 'K' are mutually exclusive)
	Fatal:	
	Warning:	• Must be valued 'H' when member number (3a) = 01
	Warning:	• If valued 'Y', then 2b minus 3e must be less than 18
		• If valued 'A' or 'E', then 2b minus 3e must be equal to or greater than 18

FIELD NUMBER:	9
POSITION:	59
LINE REFERENCE NO:	3h.

NAME:	**Member Citizenship Code**
DESCRIPTION:	Code indicating the member's citizenship status
TYPE:	Alpha
SIZE:	2
COMMENTS:	Use 'EC' for eligible citizen, 'EN' for eligible noncitizen, 'IN' for ineligible noncitizen, and 'PV' for pending verification

EDITS:	Fatal:	• Must be valued 'EC', 'EN', 'IN', 'PV', or 'XX' unless 3h equals 'F' or 'L'
	Warning:	• Can no longer equal 'XX' beginning October 1, 1999

FIELD NUMBER:	10
POSITION:	60-61
LINE REFERENCE NO:	3i.

NAME:	**Number of Bedrooms on Certificate**	
DESCRIPTION:	The number of bedrooms listed on the certificate	
TYPE:	Numeric	
SIZE:	1	
COMMENTS:	None	
EDITS:	Fatal:	• Range: 0-9
	Fatal:	• If valued, 1d must equal 'CE' or 'MC'
FIELD NUMBER:	5	
POSITION:	23	
LINE REFERENCE NO:	11a.	

NAME:	**Family Moving Into Unit Indicator**	
DESCRIPTION:	Indicates that the family is now moving into this unit	
TYPE:	Alpha	
SIZE:	1	
COMMENTS:	Use 'Y' for yes and 'N' for no	
EDITS:	Fatal:	• If valued, 1d must equal 'CE' or 'MC'
	Fatal:	• If valued, must be 'Y' or 'N'
	Fatal:	• If 1d equals 'CE' and 2b equals a date equal to or later than 10/01/1999, must equal 'N'
FIELD NUMBER:	6	
POSITION:	24	
LINE REFERENCE NO:	11b.	

NAME: **Owner TIN/SSN**

DESCRIPTION: Tax Identification or Social Security Number of the owner

TYPE: Alphanumeric

SIZE: 9

COMMENTS: Enter either the TIN or the Owner SSN

EDITS: Fatal: •   If valued, 1d must equal 'CE' or 'MC'

              Fatal: •   If valued, must be 9 characters

FIELD NUMBER: 17

POSITION: 80-88

LINE REFERENCE NO: 11i.

NAME: **FMR or Exception Rent**

DESCRIPTION: Fair Market Rent or Exception Rent

TYPE: Numeric

SIZE: 5

COMMENTS: Only for new admision or move

EDITS: Fatal: •   If valued, 11b (moving to unit) must be 'Y', or 2a (action)
                           must be '1' (new admission), or 2f must be 'PR', or 11g for
                           OFTO must be 'Y'

              Fatal: •   If 11g for OFTO equals 'Y', must be valued

              Fatal: •   If valued, 1d must equal 'CE' or 'MC'

              Fatal: •   If 1d equals 'CE' and 2b equals a date equal to or later than
                           10/01/1999, must be blank

FIELD NUMBER: 18

POSITION: 89-93

LINE REFERENCE NO: 11j.

NAME:		**Mod Rehab Indicator**
DESCRIPTION:		Indicates whether the housing type is Mod Rehab
TYPE:		Alpha
SIZE:		1
COMMENTS:		Use 'Y' for yes and 'N' for no
EDITS:	Fatal:	• If valued, 1d must equal 'MC'
	Fatal:	• If valued, must be 'Y' or 'N'
FIELD NUMBER:		14
POSITION:		43
LINE REFERENCE NO:		11g. (d)

NAME:		**OFTO Indicator**
DESCRIPTION:		Indicates whether the housing type is OFTO
TYPE:		Alpha
SIZE:		1
COMMENTS:		Use 'Y' for yes and 'N' for no
EDITS:	Fatal:	• If valued, 1d must equal 'CE' or 'MC'
	Fatal:	• If valued, must be 'Y' or 'N'
	Fatal:	• If 1d equals 'CE' and 2b equals a date equal to or later than 10/01/1999, must equal 'N'
FIELD NUMBER:		15
POSITION:		44
LINE REFERENCE NO:		11g. (e)

NAME:		**Owner Name**
DESCRIPTION:		Name of unit owner
TYPE:		Alphanumeric
SIZE:		35
COMMENTS:		None
EDITS:	Fatal:	• If valued, 1d must equal 'CE' or 'MC'
FIELD NUMBER:		16
POSITION:		45-79
LINE REFERENCE NO:		11h.

NAME:	**Family Moving Into Unit Indicator**	
DESCRIPTION:	Indicates that the family is now moving into this unit	
TYPE:	Alpha	
SIZE:	1	
COMMENTS:	Use 'Y' for yes and 'N' for no	
EDITS:	Fatal:	• If valued, 1d must equal 'VO'
	Fatal:	• If valued, must be 'Y' or 'N'
FIELD NUMBER:	6	
POSITION:	24	
LINE REFERENCE NO:	12b.	

NAME:	**Does the Family Qualify for Hard to House?**	
DESCRIPTION:	Indicates if the family qualified as a Hard to House family	
TYPE:	Alpha	
SIZE:	1	
COMMENTS:	Use 'Y' for yes and 'N' for no	
EDITS:	Fatal:	• If valued, 1d must equal 'VO'
	Fatal:	• If valued, must be 'Y' or 'N'
	Fatal:	• If 12aj equals MHS, must be 'N'
FIELD NUMBER:	7	
POSITION:	25	
LINE REFERENCE NO:	12c.	

NAME:	**Voucher Payment Standard**
DESCRIPTION:	Payment standard stated on the family's voucher
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers
EDITS:	Fatal: • If valued, 1d must equal 'VO'
	Fatal: • Range: 50-3000
FIELD NUMBER:	15
POSITION:	86-89
LINE REFERENCE NO:	12j.

NAME:	**Maximum Subsidy**
DESCRIPTION:	Voucher payment standard minus TTP on adjusted annual income
TYPE:	Numeric
SIZE:	5
COMMENTS:	If TTP on adjusted annual income is larger, put 0
EDITS:	Fatal: • If valued, 1d must equal 'VO'
	Fatal: • Must equal 12j minus 9j unless 9j is larger. If 9j is larger, must equal 0
FIELD NUMBER:	16
POSITION:	90-94
LINE REFERENCE NO:	12m.

NAME:	**Utility Allowance**
DESCRIPTION:	The allowance for utilities
TYPE:	Numeric
SIZE:	3
COMMENTS:	Use whole numbers; If none, enter 0
EDITS:	Fatal: • If valued, 1d must equal 'VO'
	Warning: • Range: 0-400
FIELD NUMBER:	17
POSITION:	95-97
LINE REFERENCE NO:	12n.

NAME: **Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 3

COMMENTS: Submit blanks unless instructed by HUD

EDITS: Fatal: • Must be blank or equal zero

FIELD NUMBER: 21

POSITION: 113-115

LINE REFERENCE NO: 12s.

NAME: **Total Family Contribution**

DESCRIPTION: Higher of Gross Rent Less Maximum Subsidy or Minimum
                                              Family Contribution

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers

EDITS: Fatal: • If valued, 1d must equal 'VO'

                                Fatal: • Must be valued unless 3s equals 'P'

                                Fatal: • Must equal 12r

FIELD NUMBER: 22

POSITION: 116-120

LINE REFERENCE NO: 12t.

NAME: **Gross Rent Less Contribution**

DESCRIPTION: Gross rent minus the total family contribution

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers

EDITS: Fatal: • Must be valued unless 3s equals 'P'

                                Fatal: • If valued, 1d must equal 'VO'

                             Warning: • If valued, must equal 12q minus 12t. If calculation results in a
                                              negative number, must equal 0.

FIELD NUMBER: 23

POSITION: 121-125

LINE REFERENCE NO: 12u.

NAME:		**Reserved**
DESCRIPTION:		Reserved for future use if instructed by HUD
TYPE:		Numeric
SIZE:		5
COMMENTS:		Submit blanks unless instructed by HUD
EDITS:	Fatal:	• Must equal zero
FIELD NUMBER:		28
POSITION:		146-150
LINE REFERENCE NO:		12aa.

NAME:		**Normal Total HAP**
DESCRIPTION:		Normal total HAP under proration
TYPE:		Numeric
SIZE:		5
COMMENTS:		Lower of maximum subsidy or alternate HAP
EDITS:	Fatal:	• Must be valued if 3s equals 'P' (prorated assistance)
	Fatal:	• If valued, 1d must equal 'VO'
	Fatal:	• If valued, must equal 12m
FIELD NUMBER:		29
POSITION:		151-155
LINE REFERENCE NO:		12ab.

NAME:	**Mixed Family Tenant Rent**
DESCRIPTION:	Tenant Rent based on proration
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use field 35 to indicate if the number is positive or negative

EDITS:	Fatal:	• Must be valued if 3s equals 'P' (prorated assistance)
	Fatal:	• If valued, must equal 12ag minus 12n
	Fatal:	• If valued, cannot exceed 2498
	Fatal:	• If valued, 1d must equal 'VO'

FIELD NUMBER:	36
POSITION:	173-177
LINE REFERENCE NO:	12ai.

NAME:	**If manufactured homeowner leasing the space, enter MHS**
DESCRIPTION:	Manufactured homeowner indicator
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Submit blanks unless manufactured homeowner
EDITS: Warning:	• Must be blank or MHS
FIELD NUMBER:	37
POSITION:	178-182
LINE REFERENCE NO:	12aj.

NAME:	**Date Unit Last Passed Inspection**		
DESCRIPTION:	The date the unit last passed inspection		
TYPE:	Date		
SIZE:	8		
COMMENTS:	MMDDCCYY format		
EDITS:	Fatal:	•	Cannot be blank if 14b equals 'Y'
	Fatal:	•	If valued, 1d must equal 'CE'
	Fatal:	•	If valued, must be MMDDCCYY format
FIELD NUMBER:	3		
POSITION:	7-14		
LINE REFERENCE NO:	5g.		

NAME:	**Date Unit Last Inspected**		
DESCRIPTION:	The date the unit was last inspected		
TYPE:	Date		
SIZE:	8		
COMMENTS:	MMDDCCYY format		
EDITS:	Fatal:	•	If valued, 1d must equal 'CE'
	Fatal:	•	If valued, must be MMDDCCYY format
FIELD NUMBER:	4		
POSITION:	15-22		
LINE REFERENCE NO:	5h.		

NAME:	**Number of Bedrooms on Certificate**		
DESCRIPTION:	The number of bedrooms listed on the certificate		
TYPE:	Numeric		
SIZE:	1		
COMMENTS:	None		
EDITS:	Fatal:	•	Range: 0-9
	Fatal:	•	If valued, 1d must equal 'CE'
FIELD NUMBER:	•	5	
POSITION:	23		
LINE REFERENCE NO:	14a.		

NAME: **Family Moving Into Space Indicator**

DESCRIPTION: Indicates that the family is now moving into this space

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: •   If valued, 1d must equal 'CE'

                Fatal: •   Must be 'Y' or 'N'

                Fatal: •   If 1d equals 'CE' and 2b equals a date equal to or later than 10/01/1999, must be N

FIELD NUMBER: 6

POSITION: 24

LINE REFERENCE NO: 14b.

NAME: **Portability Indicator**

DESCRIPTION: Indicates if this family moved into this HA jurisdiction under portability

TYPE: Alpha

SIZE: 1

COMMENTS: Enter 'Y' if this family moved into this HA jurisdiction under portability

EDITS: Fatal: •   If valued, 1d must equal 'CE'

                Fatal: •   If valued, must equal 'Y' when 2a equals '4' (portability move-in)

                Fatal: •   If valued, must be 'Y' or 'N'

FIELD NUMBER: 7

POSITION: 25

LINE REFERENCE NO: 14c.

NAME:	**Cost Billed per Month**
DESCRIPTION:	Monthly amount billed to another HA for this family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Enter '0' if this HA has absorbed this family into it's own program
EDITS: Fatal:	• If valued, 1d must equal 'CE'
	• Must equal zero if 14c (portability) equals 'N'
	• Range: 0-3000
FIELD NUMBER:	8
POSITION:	26-30
LINE REFERENCE NO:	14d.

NAME:	**HA Number Billed**
DESCRIPTION:	Number of HA billed under portability
TYPE:	Alphanumeric
SIZE:	8
COMMENTS:	Leave blank if portability equals 'N'
EDITS: Fatal:	• If valued, must be 2 letter state code followed by 3 digit number
Fatal:	• Cannot be blank if 14d (cost billed per month) is greater than zero
Fatal:	• Must be blank if 14c equals 'N'
Fatal:	• If valued, 1d must equal 'CE'
FIELD NUMBER:	9
POSITION:	31-38
LINE REFERENCE NO:	14e.

NAME: **OFTO Indicator**

DESCRIPTION: Indicates whether the housing type is Over FMR Tenancy Option

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: •   If valued, 1d must equal 'CE'

                    Fatal: •   If valued, must be 'Y' or 'N'

                    Fatal: •   If 1d equals 'CE' and 2b equals a date equal to or later than
                                  10/01/1999, must be N

FIELD NUMBER: 10

POSITION: 39

LINE REFERENCE NO: 14f.

NAME: **Space Owner Name**

DESCRIPTION: Name of space owner

TYPE: Alphanumeric

SIZE: 35

COMMENTS: None

EDITS: Fatal: •   If valued, 1d must equal 'CE'

FIELD NUMBER: 11

POSITION: 40-74

LINE REFERENCE NO: 14g.

NAME: **Space Owner TIN/SSN**

DESCRIPTION: Tax Identification or Social Security Number of the space owner

TYPE: Alphanumeric

SIZE: 9

COMMENTS: Enter either the TIN or the SSN

EDITS: Fatal: •   If valued, 1d must equal 'CE'

                    Fatal: •   Must be 9 characters

FIELD NUMBER: 12

POSITION: 75-83

LINE REFERENCE NO: 14h.

NAME:	**FMR or Exception Rent**
DESCRIPTION:	Fair Market Rent or Exception Rent
TYPE:	Numeric
SIZE:	5
COMMENTS:	Only for voucher, new admission, move or OFTO
EDITS: Fatal:	• Cannot be blank if 14f equals 'Y', or if 14b (moving to unit) equals 'Y', or if 2a (action) equals '1' (new admission)
Fatal:	• If valued, 1d must equal 'CE'
Fatal:	• If 1d equals 'CE' and 2b equals a date equal to or later than 10/01/1999, must be blank
FIELD NUMBER:	13
POSITION:	84-88
LINE REFERENCE NO:	14i.

NAME:	**Furniture Included in Purchase Price Indicator**
DESCRIPTION:	Indicates whether the furniture was included with the purchase price
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no
EDITS: Fatal:	• If valued, 1d must equal 'CE'
Fatal:	• If valued, must be 'Y' or 'N'
FIELD NUMBER:	14
POSITION:	89
LINE REFERENCE NO:	14j.

NAME:		**Monthly Amortization Payment**
DESCRIPTION:		Monthly amount paid for principal and interest to amortize the purchase price of the manufactured home
TYPE:		Numeric
SIZE:		5
COMMENTS:		If there is no monthly amortization payment, enter 0; use whole numbers
EDITS:	Fatal:	• If valued, 1d must equal 'CE'
	Fatal:	• Range: 0-2000
FIELD NUMBER:		15
POSITION:		90-94
LINE REFERENCE NO:		14k.

NAME:		**Deduction**
DESCRIPTION:		15% of Monthly Amortization Payment if furniture was included in the purchase price
TYPE:		Numeric
SIZE:		5
COMMENTS:		If furniture was not included in the purchase price, put 0; Use whole numbers
EDITS:	Fatal:	• If valued, 1d must equal 'CE'
	Warning:	• If 14j is 'Y', must equal 14k X .15
	Warning:	• If 14j is 'N', must equal 0
FIELD NUMBER:		16
POSITION:		95-99
LINE REFERENCE NO:		14m.

NAME: **Adjusted Amortization**

DESCRIPTION: Amount of the adjusted amortization

TYPE: Numeric

SIZE: 5

COMMENTS: Monthly amortization payment minus the deduction

EDITS: Fatal: • If valued, 1d must equal 'CE'

                 Fatal: • If valued, must equal 14k minus 14m. If calculation results in
                                a negative number, must equal 0.

FIELD NUMBER: 17

POSITION: 100-104

LINE REFERENCE NO: 14n.

NAME: **Utility Allowance**

DESCRIPTION: The allowance for utilities

TYPE: Numeric

SIZE: 3

COMMENTS: Use whole numbers; If none enter 0

EDITS: Fatal: • If valued, 1d must equal 'CE'

                 Fatal: • Range: 0-400

FIELD NUMBER: 18

POSITION: 105-107

LINE REFERENCE NO: 14p.

NAME: **Rent to Owner (Space Rent)**

DESCRIPTION: Monthly rent payable to owner specified in the HAP contract

TYPE: Numeric

SIZE: 5

COMMENTS: Includes required fees and charges for all maintenance and management services, but excludes ongoing utility charges

EDITS: Fatal: • Range: 1-2000

                Fatal: • If valued, 1d must equal 'CE'

FIELD NUMBER: 19

POSITION: 108-112

LINE REFERENCE NO: 14q.

NAME: **Gross Rent**

DESCRIPTION: The rent to owner plus the utility allowance plus adjusted amortization

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers

EDITS: Fatal: • If valued, must equal sum of lines 14n, 14p, and 14q

                Fatal: • If valued, 1d must equal 'CE'

FIELD NUMBER: 20

POSITION: 113-117

LINE REFERENCE NO: 14r.

NAME: **Gross Rent minus TTP**

DESCRIPTION: The gross rent minus the TTP

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers

EDITS: Fatal: • If valued, must equal 14r minus 9j if 1d equals 'CE'. If calculation results in a negative number, must equal 0.

                Fatal: • If valued, 1d must equal 'CE'

FIELD NUMBER: 21

POSITION: 118-122

LINE REFERENCE NO: 14t.

NAME: **Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD

EDITS: Warning: • Must be blank

FIELD NUMBER: 22

POSITION: 123-127

LINE REFERENCE NO: 14u.

NAME: **HAP to Owner**

DESCRIPTION: HAP payment to the owner

TYPE: Numeric

SIZE: 5

COMMENTS: Different for certificate, voucher, and OFTO; See Instruction Booklet

EDITS: Fatal: •   If valued, 1d must equal 'CE'

FIELD NUMBER: 23

POSITION: 128-132

LINE REFERENCE NO: 14v.

NAME: **Tenant Rent**

DESCRIPTION: The tenant rent

TYPE: Numeric

SIZE: 5

COMMENTS: Must equal Rent to Owner minus HAP to Owner

EDITS: Fatal: • Must be valued unless 3s equals 'P'

                  Fatal: • If valued, must equal line 14q minus 14v, plus or minus 5. If calculation results in a negative number, must equal 0.

                  Fatal: • If valued, 1d must equal 'CE'

FIELD NUMBER: 24

POSITION: 133-137

LINE REFERENCE NO: 14w.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD
EDITS: Warning:	Must be blank
FIELD NUMBER:	25
POSITION:	138-142
LINE REFERENCE NO:	14x.

NAME:	**Total Number Eligible**
DESCRIPTION:	Total number of members of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification.
EDITS: Fatal:	• Must be valued if 3s equals 'P' (prorated assistance)
Fatal:	• If valued, must equal total of Family Members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A') who have citizenship codes (3i) of 'EC', 'EN' , or 'PV'
Fatal:	• If valued, 1d must equal 'CE'
FIELD NUMBER:	26
POSITION:	143-144
LINE REFERENCE NO:	14aa.

NAME:		**Total Number in Family**
DESCRIPTION:		Total number of members of the family
TYPE:		Numeric
SIZE:		2
COMMENTS:		Total the number of members of the family
EDITS:	Fatal:	• Must be valued if 3s equals 'P' (prorated assistance)
	Fatal:	• If valued, must equal the sum of family members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A')
	Fatal:	• If valued, 1d must equal 'CE'
FIELD NUMBER:		27
POSITION:		145-146
LINE REFERENCE NO:		14ab.

NAME:		**Proration Percentage**
DESCRIPTION:		The percent of the family eligible for subsidy
TYPE:		Numeric
SIZE:		2
COMMENTS:		Use an integer
EDITS:	Fatal:	• Must be valued if 3s equals 'P' (prorated assistance)
	Fatal:	• If valued, must equal 14aa divided by 14ab multiplied by 100
	Fatal:	• If valued, 1d must equal 'CE'
FIELD NUMBER:		28
POSITION:		147-148
LINE REFERENCE NO:		14ac.

NAME:	**Prorated HAP to Owner**
DESCRIPTION:	The prorated HA Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Product of HAP to Owner and the proration fraction
EDITS: Fatal:	• Must be valued if 3s equals 'P' (prorated assistance)
Fatal:	• If valued, must equal the product of 14v and 14ac divided by 100
Fatal:	• If valued, 1d must equal 'CE'
FIELD NUMBER:	29
POSITION:	149-153
LINE REFERENCE NO:	14ad.

NAME:	**Mixed Family TTP**
DESCRIPTION:	The prorated Total Tenant Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Gross rent minus prorated HAP
EDITS: Fatal:	• If valued, must equal 14r minus 14ad, plus or minus 5. If calculation results in a negative number, must equal 0.
Fatal:	• Must be valued if 3s equals 'P' (prorated assistance)
Fatal:	• If valued, 1d must equal 'CE'
FIELD NUMBER:	30
POSITION:	154-158
LINE REFERENCE NO:	14ae.

NAME:		**Mixed Family Tenant Rent**
DESCRIPTION:		Tenant Rent based on proration
TYPE:		Numeric
SIZE:		5
COMMENTS:		Prorated TTP minus Utility Allowance
EDITS:	Fatal:	• Must be valued if 3s equals 'P' (prorated assistance)
	Fatal:	• If valued, must equal 14q minus 14ad. If calculation results in a negative number, must equal 0.
	Fatal:	• If valued, cannot exceed 2498
	Fatal:	• If valued, 1d must equal 'CE'
FIELD NUMBER:		31
POSITION:		159-163
LINE REFERENCE NO:		14ag.